

CUSD Nursing Guide to Billing Services

Contents

Important Contacts/Resources	1
Receiving a Healthcare Plan or Medication Consent	2
Adding an IEP Student to Nurse Provider Caseload.....	4
Adding Nursing Services to the IEP.....	6
Open Care Nursing Services Process	7
Adding OHP Students to DSCtop Database.....	9
Writing the Other Health Plan for your Non-IEP students.....	11
Entering Nursing Services in Infinite Campus.....	15
Confirming Nursing Services Every Friday	16
Sample Statements for OHP in DSCtop.....	20
Daily Medication Example IEP	21
Seizure Care Plan Example IEP	22
Diabetes Care Management Plan Example IEP.....	23
Example of Prior Written Notice.....	24
Random Moments in Time.....	25

Important Contacts/Resources

Director of Health ServicesChristine Bromley BSN, RN 480-812-7572
Student Services Medicaid/IEP SpecialistAngela Colbert 480-812-7013
District Medicaid Coordinator..... Lynda Quitlib 480-812-7095
DSCtop/SEAS Education Help Desk at azhelpdesk@seaseducation.com OR 1-877-600-0672

Receiving a Healthcare Plan or Medication Consent

START HERE: Parents submit healthcare plans or daily medication orders to the school nurse.

STEP 1: Identify if the order for services or medication administration orders qualifies for nursing services. If the services are not billable **STOP HERE** and process the paperwork in IC as you normally would. If they do qualify move to **STEP 2**.

How to know if services are billable? If you question it don't assume, ask...

- Almost all orders for care (seizure, diabetes, g-tube, cath) will qualify. Refer to **SEAS Codes for Nursing Treatment below**.
- Daily or Regular basis Prescription Medication orders are allowable. No PRN (as needed) medication is allowable for billing. This includes OTC medication, for example Motrin for monthly cramps is not allowed.

STEP 2: Does student have IEP?

NO: GO TO PAGE 7 OPEN CARE NURSING SERVICES PROCESS to see steps on entering other healthcare plan (OHP)

YES: GO TO NEXT PAGE STEP 3



Codes for Nursing Treatment*

RECORD ACTUAL SERVICE MINUTES

P	Physical Treatment	B	Behavioral and Family Support	R	Respiratory Management
	Circulatory Care Dysreflexia Management Dysrhythmia Management External Tube Feeding Hyperglycemia Management Hypoglycemia Management Positioning Tube Care Progressive Muscle Relaxation Pain Management Skin Surveillance Heat/Cold Application Feeding Self-Care Assistance Chest Physiotherapy Fall Prevention Neurological Monitoring Perineal Care		Anger Control Assistance Anxiety Reduction Behavior Management Behavior Modification Behavior Management -Overactivity/Inattention Calming Technique Coping Enhancement Counseling Crisis Intervention Emotional Support Family Involvement Support Group Self Esteem Enhancement Abuse Protection Developmental Enhancement Self-Awareness Enhancement Socialization Enhancement Suicide Prevention		Airway Management Airway Suctioning Aspiration Precautions Respiratory Monitoring Ventilation Assistance Mechanical Ventilation Artificial Airway Management Oxygen Therapy Resuscitation
				M	Medication Administration
N	Nutrition Management	U	Urinary Management	G	Bowel Management
	Body Image Enhancement Eating Disorders Management Energy Management Exercise Promotion Nutritional Counseling Weight Management		Urinary Catheterization Urinary Elimination Management Urinary Habit Training Urinary Incontinence Care		Bowel Incontinence Care: Encopresis Bowel Management Bowel Training Constipation/Impaction Management Diarrhea Management Ostomy Care
S	Seizure Management				
	Seizure Precautions				

*Nursing Treatments from "Quality Nursing Interventions in the School Setting: Procedures, Models and Guidelines"
 Janis Hootman, RN, PhD
 National Association of School Nurses, Inc.

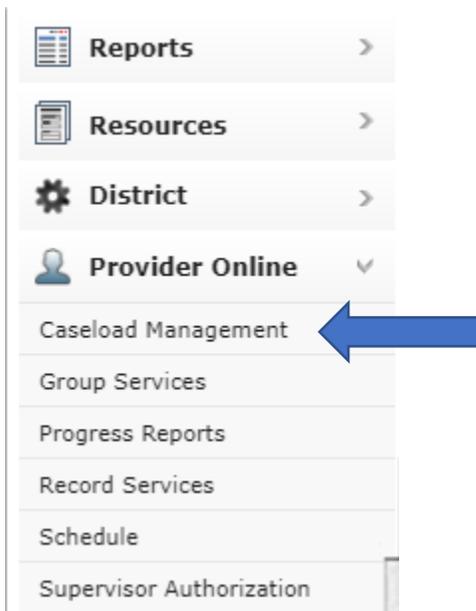
SEAS © 2016

Adding an IEP Student to Nurse Provider Caseload

- Navigate to dsctop.net
- Login
 - Please let the Director of Health Services know if you do not have a DSCtop account.
 - To retrieve a forgotten password please contact the DSCtop/SEAS Education Help Desk at azhelpdesk@seaseducation.com OR 1-877-600-0672
- Move your mouse to the left side of the screen where the following menu will open:



- Select “Provider Online” & then “Caseload Management.”



- Within “Caseload Management” select “Setup Caseload”



- The following window will appear:

Caseload Setup -

District: School: Filter:

Active/Available Students

Student, Sample (01/01/2015)

My Caseload

- Keep “All” selected under the “School” drop down menu. You can also search for specific students under the “Name” search bar
- Student names will appear under “Active/Available Student”
 - You can use the single arrow to move students over to “My Caseload”
 - You can also grab the student’s name with your cursor and drag it over to “My Caseload”
 - If you are not finding a student within your search please reach out to the Medicaid Services Coordinator to add the student into the system for you. DO NOT try to add IEP Students yourself.
- “Save & Close”, you can always add or remove students from your caseload at anytime.

Once the student is added to your caseload you will need to ensure that the services are set up correctly in Infinite Campus, so the billing information is pulled correctly. **GO TO PAGE 15 ENTERING NURSING SERVICES IN INFINITE CAMPUS.**

Adding Nursing Services to the IEP

If you have a student who is on an IEP that needs nursing services in the health office and is not reflected in the IEP, you will need to email the following people:

- SPED Teacher for the student in question
- CC the SPED Department Chair at the school.
- CC Student Services Medicaid/IEP Specialist.
- CC Director of Health Services

You will need to determine:

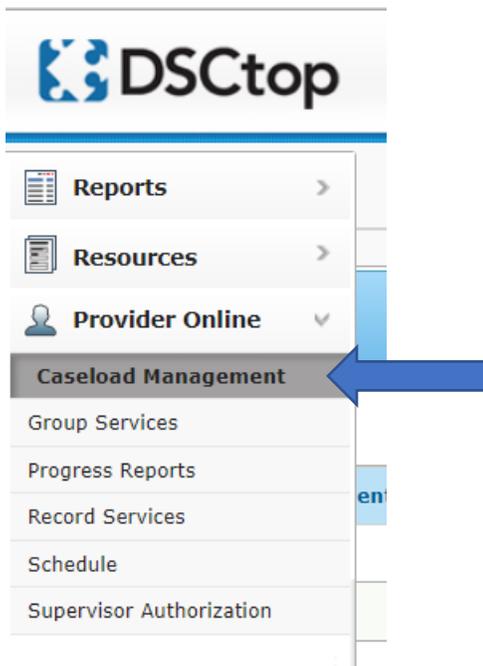
1. Nursing services being provided.
2. Start and end date
2. Frequency and Duration
3. Total minutes calculated either weekly or monthly depending on the service.

There are examples of IEPs at the back of this guide (pages 21-23), however you will not be editing the IEP the SPED teacher will. It is important you are familiar with what is needed when adding services and how to calculate the times for services. Page 24 is an example of the PWN, this is the document sent to parents when we make an addendum to the IEP. You will not be responsible for this, just be aware that is needed to add or change anything in an IEP.

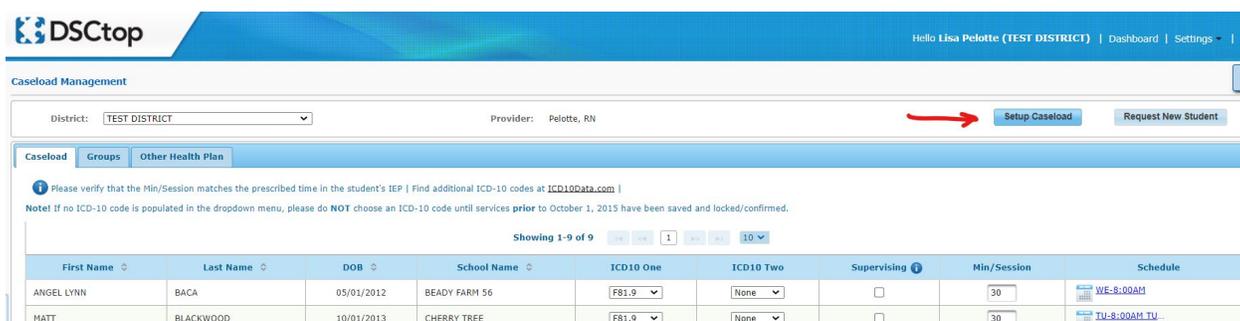
Open Care Nursing Services Process

The student does NOT have an IEP and you have a healthcare plan or daily medication order. This will mean that the student can possibly be billed under open care with a designated “other healthcare plan” See the following steps for qualifying a student under other healthcare plan.

Nurses will need to go to their caseload management page to add **Other Healthcare Plan (OHP)** students to their caseloads:



Nurse Provider will select set up caseload to add any students that they provide services to that are not currently on their caseload:



Nurse Providers can search by school or students’ last name to see if the student is in the system. If they are they can double-click on the student’s name under active/available students to move them to **my caseload** side – this will add the student to their caseload.

Caseload Setup - Pelotte, RN

District: TEST DISTRICT School: All

Filter: Name Select Birthdate Clear

Select an Assistant Mark as Supervised

Active/Available Students		My Caseload
aaadeleteme12, fdjklasf (01/01/2002)	→	BACA, ANGEL LYNN (05/01/2012)
Assistant, Supervisor (05/02/2019)	→	BLACKWOOD, MATT (10/01/2013)
Bark, Box (07/01/2016)	←	BROWN, HEATHER (04/04/2001)
BEST, EMMIE (04/02/2012)	←	BROWN, SUSAN (04/04/2000)
BLANKET, PAM (12/03/2018)		CLARE, JOSEPH (10/04/2019)
BROOKS, MICHAEL (10/13/2015)		HOLT, ANNA (08/05/2019)
Casey, Charles (02/27/2008)		PEARSON, ELLEN (04/04/2017)
Casey, William (07/04/2006)		RYAN, SALLY (04/13/2019)
Champagne, mary (08/28/2017)		WARD, ANGEL (09/24/2018)
CHAMPAGNE, RACHEL (03/05/1997)		
CRISP, COCO (04/05/1999)		
Dee, Nancy (03/15/2004)		

Note: Removing a student from the caseload will also remove the student from any of the session groups.

Cancel Save Save and Close

Remember to save and close prior to leaving this screen. You can now **GO TO PAGE 11 WRITING THE OTHER HEALTH PLAN FOR YOUR NON -IEP STUDENTS.**

If you do not see the student available in the Active available students, you will need to request they be added to the database. **GO TO NEXT PAGE**

Adding OHP Students to DSCtop Database

Students that you do not find in the active/available student list will need to be requested to be added to the system so you can access them. You can submit those requests on the caseload management page as follows:



Fields required to submit the request to add new students:

Last name

First name

Gender

DOB

District Student ID

School

PROGRAM : OTHER HEALTH PLAN

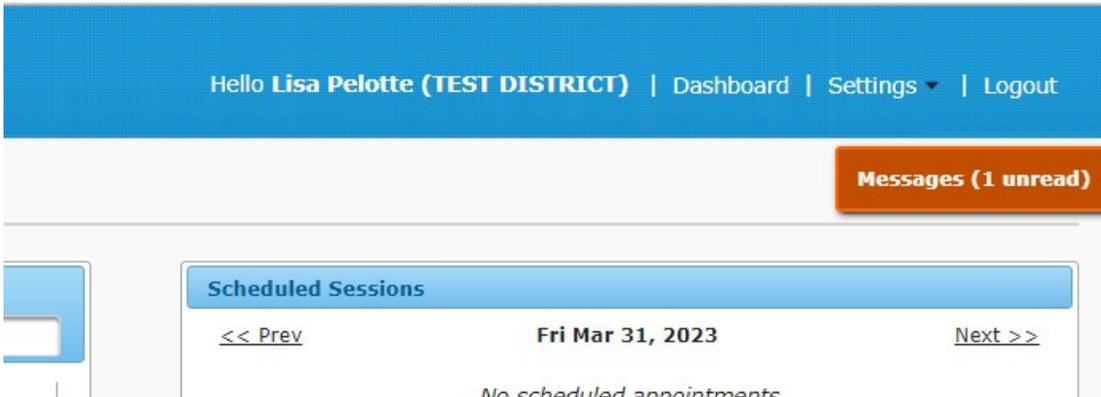
A screenshot of the 'Enter Information for New Student Request' form. The form contains several fields: First Name (CHAMPAGNE), Last Name (FREDRICK), Middle Name, Gender (Male), DOB (03/01/2016), SAIS ID (869204a), Dist Student ID, District (TEST DISTRICT), School (CHERRY TREE), and Program (OTHER HEALTH PLAN). The 'Program' field is circled in red, and a red arrow points to the 'Send Request' button.

- Students that do not have an IEP with related services will have Other Health Plan (OHP) for their program.
- Students that you need to request, because they are not in the system, should be flagged as OHP for the program when requested if they are not active IEP students.

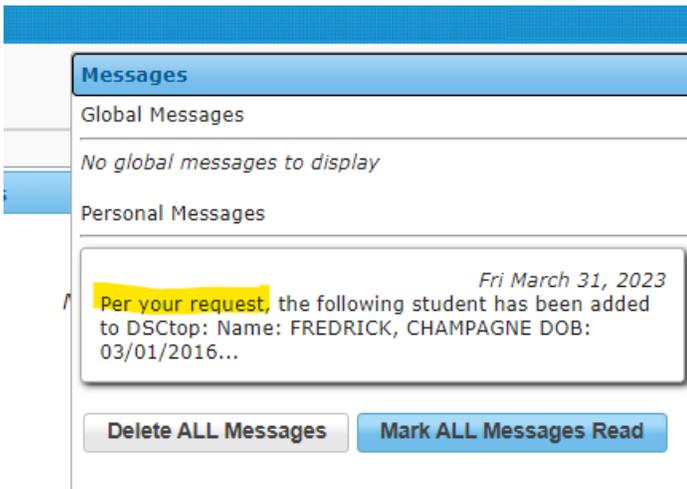
Once the Nurse Provider has entered the information on the student to be added to the system, click send request:

A screenshot of the 'Enter Information for New Student Request' form. The form is filled out with the same information as in the previous screenshot. The 'Send Request' button is highlighted with a red arrow.

When the request has been completed the Nurse Provider will get a message on their dashboard **within 24 hours normally:**

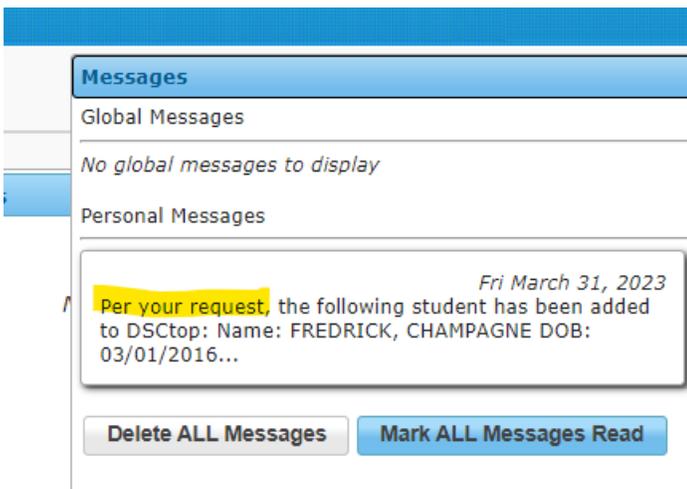


Click on the messages bar to view the message:



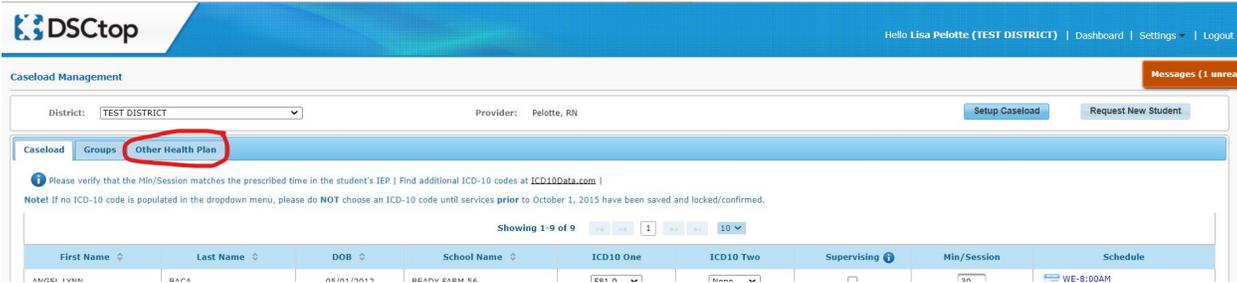
This will alert the Nurse Provider that the student is now in the system and available to be added to your caseload.

Return to the set-up caseload page to add the student to your caseload.



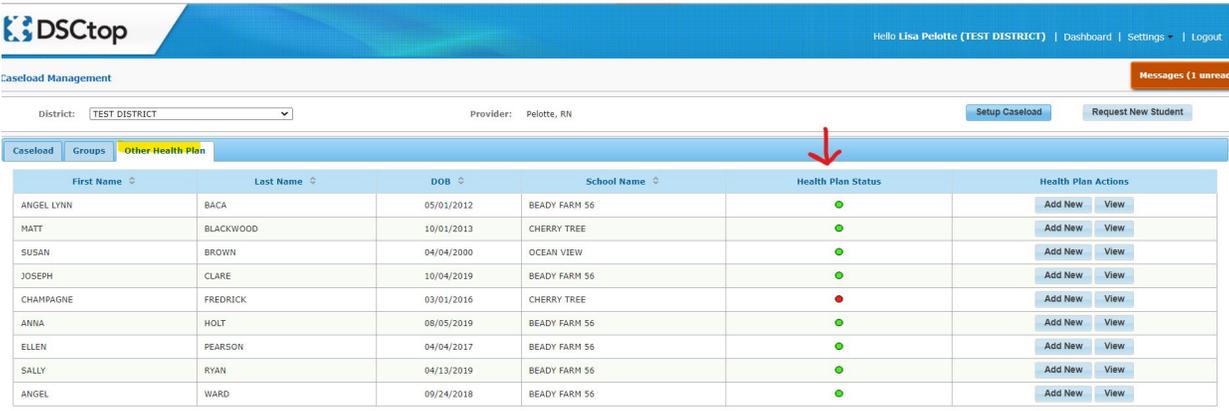
Writing the Other Health Plan for your Non-IEP students

On the caseload management page there is an OHP tab:

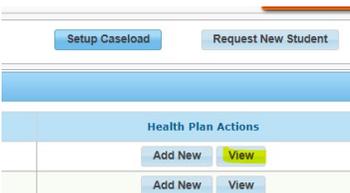


Click on the OHP tab to access the students on your caseload that require a health plan.

- Students that have an active health plan will have a green light in the Health Plan Status column.
- Students requiring a Health Plan will have a red light in the status column.



To view the plans already written you can click on view:



This will bring up all plans in the system for the student:

If the plan is not editable – there is a signature attached to the plan.

07/01/2022 - 06/30/2023 »

Start Date * 07/01/2022 End Date * 06/30/2023

Related Service: Nursing Minutes: * 5

Frequency: * 1 Per: Day

Student Needs/Functional Performance:
Ellen has been diagnosed with ADHD (ADD) and receives medication at school once a day.

Goals/Outcomes:
Medication administration will assist with positive behavior and with educational/academic progress.

Close Save All Remove Signature

To create plan for the student, click on Add New

Setup Caseload Request New Student

Health Plan Actions

Add New View

Add New View

Start Date * 07/01/2022 End Date * 06/30/2023

Related Service: Nursing Minutes: * 0

Frequency: * 0 Per: Day

Student Needs/Functional Performance:

Goals/Outcomes:

Cancel Save

Complete the plan information, **the start date should be the date that the plan will be signed,** and then click save. **GO TO PAGE 20 SAMPLE STATEMENTS FOR OHP IN DSCTOP** for sample statements for Other Health Plans in DSCtop – Nursing Services.

Once saved the status will turn YELLOW – indicating that there is a plan that needs a signature.

Provider: Pelotte, RN

DOB	School Name	Health Plan Status	Health Plan Actions
05/01/2012	BEADY FARM 56	●	Add New View
10/01/2013	CHERRY TREE	●	Add New View
04/04/2000	OCEAN VIEW	●	Add New View
10/04/2019	BEADY FARM 56	●	Add New View
03/01/2016	CHERRY TREE	●	Add New View
08/05/2019	BEADY FARM 56	●	Add New View
04/04/2017	BEADY FARM 56	●	Add New View

Click VIEW on any with a status light of Yellow to apply your signature:

This will allow you to review, edit and sign the plan:

03/31/2023 - 06/30/2023 »

Start Date * 03/31/2023 End Date * 06/30/2023

Related Service: Nursing Minutes: * 5

Frequency: * 4 Per: Day

Student Needs/Functional Performance:

Fred has been diagnosed with Type 1 Diabetes and comes to the Nurse's office four times a day for testing and medication. Fred is still too young to complete the management of the disease by himself, but we are working on a plan with her family and Dr. to increase her responsibilities in his self-care.

Goals/Outcomes:

Medication and assistance with this chronic disease improves his educational access. It also allows for rapid, coordinated, and effective emergency response.

Close Save All Sign

Once signed the plan will lock down:

03/31/2023 - 06/30/2023 »

Start Date * 03/31/2023 End Date * 06/30/2023

Related Service: Nursing Minutes: * 5

Frequency: * 4 Per: Day

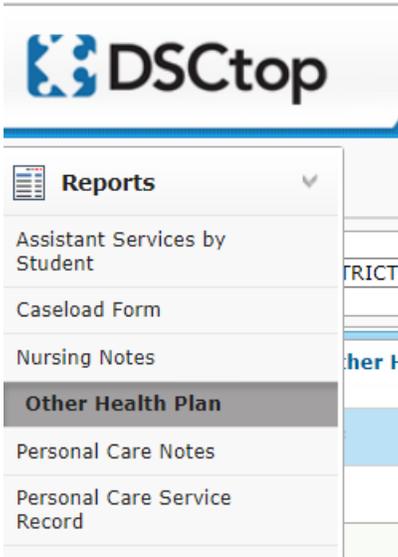
Student Needs/Functional Performance:

Fred has been diagnosed with Type 1 Diabetes and comes to the Nurse's office four times a day for testing and medication. Fred is still too young to complete the management of the disease by himself, but we are working on a plan with her family and Dr. to increase her responsibilities in his self-care.

Goals/Outcomes:

Medication and assistance with this chronic disease improves his educational access. It also allows for rapid, coordinated, and effective emergency response.

To access the plan with the signature attached – see the reports section:



OTHER HEALTH PLANS

District: TEST DISTRICT

07/01/2022 - 06/30/2023

Student	DOB	Med ID	School
HOLT, ANNA	08/05/2019		BEADY FARM 56

Service Type				
Nursing				
Start Date	End Date	Minutes	Frequency	Duration
07/01/2022	06/30/2023	15	4	Day

Student Needs/Functional Performance

Anna has been diagnosed with Type 1 Diabetes and comes to the Nurse's office four times a day for testing and medication. Anna is still too young to complete the management of the disease by herself, but we are working on a plan with her family and Dr. to increase her responsibilities in her self-care. Anna always has a Health Aide with her for safety monitoring.

Goals/Outcomes

Medication and assistance with this chronic disease improves her educational access. It also allows for rapid, coordinated, and effective emergency response.

Signature	Initials	Date Signed
Lisa Pelotte	LP	07/05/2022

Rerun Report: Export Report:

Run Date: 03/31/2023 11:00 AM CDT

Entering Nursing Services in Infinite Campus

Once you have successfully added the Nursing Services into DSCtop you will need to ensure that the timing is correct for those services in Infinite Campus.

Remember when entering medication times and scheduled visits into IC they CANNOT overlap. Best Practice is to set Medications 3 minutes apart if not longer.

For EXAMPLE: If a nurse is recording the time-in/time-out for more than one student at a time, i.e. giving meds at 12 noon for two students, this must be corrected by recording for one student at 12:00 to 12:03, and the second student from 12:04 to 12:07 and so on.

We have defaulted the system at 3 minutes so that way if a student is in the health office for an extended period of time for other things the medication administration will be documented at 3 minutes.

For scheduled care management, they should be in 15-minute increments, but also CANNOT overlap with anything else.

REMEMBER: Two or more individual services cannot be performed at the same time and be reimbursable, your claim will get flagged and rejected so do it correct the first time.

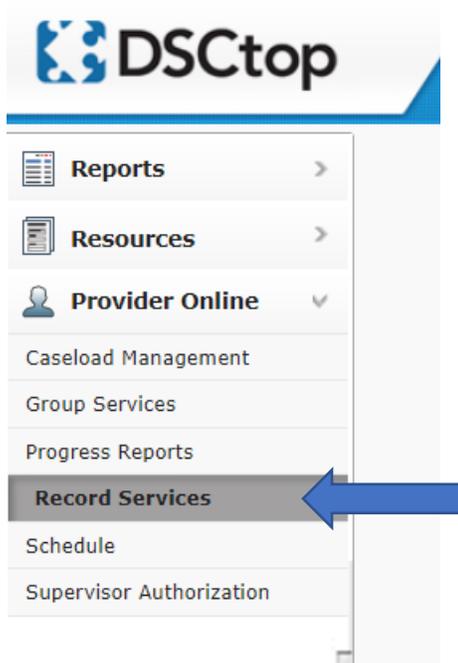
Confirming Nursing Services Every Friday

- ✓ Nursing services will be imported from Infinite Campus every Friday.
- ✓ The Director of Health Services will receive nursing files which contain the session information before it goes to DSCtop to check for errors.
- ✓ DSCtop will receive nursing files and import the session information that the nursing staff entered the week prior into Infinite Campus.
- ✓ Nurses will need to confirm the services from the week prior by the end of day every Friday with the steps shown below.

Steps to confirm Nursing Services:

Access the sessions that have been imported:

Nurse Providers will navigate to the record services page within DSCtop:



Students with a Green Confirm button have sessions that have been imported and require a signature:

Name	DOB	School Name	Last Service	Status	Total
	05/01/2012	BEADY FARM 56	03/31/2023 Details	Confirm Now	23
	10/01/2013	CHERRY TREE	No Services		0
	04/04/2001	CHERRY TREE	No Services		0
	04/04/2000	OCEAN VIEW	03/31/2023 Details	Confirm Now	23
	10/04/2019	BEADY FARM 56	No Services		0

Nurse Providers can see the session summary by clicking the details button:

Details

- 03/01/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/02/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/03/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/06/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/07/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/08/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/09/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/10/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/13/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/14/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/15/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/16/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/17/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/20/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/21/2023 | 12:36 PM | M - T1002 | 5 minutes
- 03/22/2023 | 12:36 PM | M - T1002 | 5 minutes

To see the entire session information, Nurse Providers can click on the student's name to access the full details.

Service Info BACA, ANGEL LYNN (5/01/2012, F) - March 2023

Calendar

Auto fill services Sun Mon Tue Wed Thu Fri Sat [Clear All](#) [Fill All](#)

Note: - Please enter service code and number of minutes per session. [Activity Codes](#)

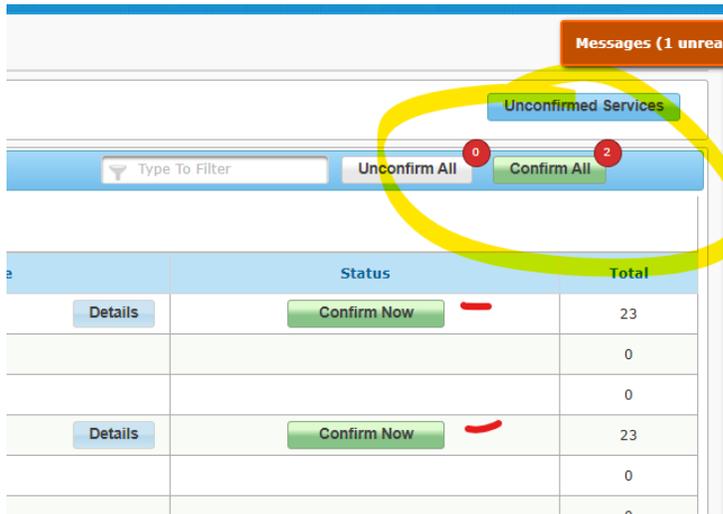
Wed 1	Thu 2	Fri 3	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Mon 27	Tue 28	Wed 29	Thu 30	Fri 31
M5	M5	M5	M5	M5	M5	M5	M5	M5	M5	M5	M5	M5	M5	M5	M5							

Show Weekends [Cancel](#) [Save](#) [Save and Close](#)

Date *	Time In	Time Out	ICD-10 Code	Activity
3/01/2023	12:36 PM	12:41 PM	F81.9	T1002

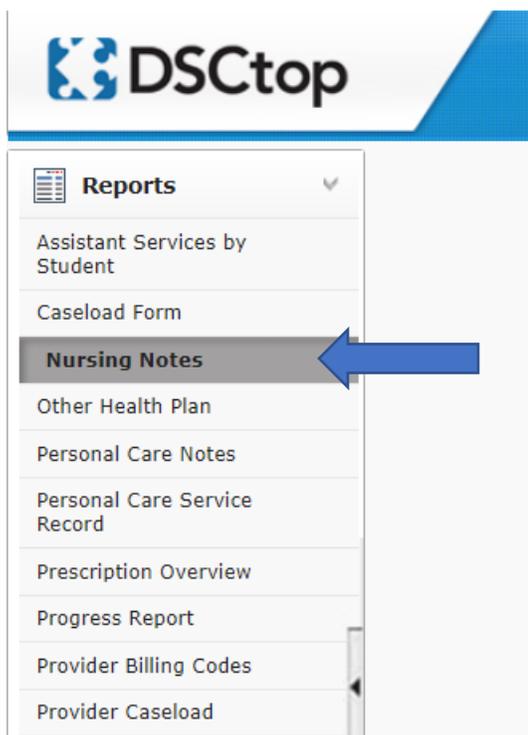
Notes: Medication administration [Check Spelling](#)

If all the information is correct the Nurse Provider can either click confirm for each student or confirm all the students at one time using the confirm all button: **Anything that cannot be validated (overlapping start times) will need to be corrected before you are able to confirm.**



Nurse Providers can view their services in the report section as well:

Under Nursing Notes:



This report can be run for multiple students or a single student by selecting the criteria you are wishing to view.

You can also select a date range or a month at a time. To access the date range, click on the calendar Icon to open the date range fields:

Reports >> Nursing Notes

District: TEST DISTRICT Provider: Pelotte, RN

Select All/None Select Current Caseload Select Past Caseloads

Current Caseload:

- BACA, ANGEL LYNN
- BLACKWOOD, MATT
- BROWN, HEATHER
- BROWN, SUSAN
- CLARE, JOSEPH
- FREDRICK, CHAMPAGNE
- HOLT, ANNA
- PEARSON, ELLEN

Past Caseloads:

Month: Mar Year: 2023

Print Page Numbers: Yes Print Current Date: Yes

Cancel Okay

Click okay to have the report generate.

Rerun Report: Export Report:

Nursing Notes for PELOTTE, RN
March 2023

Student	Birthday	AHCCCS ID	School	District
BACA, ANGEL LYNN	05/01/2012	A123	BEADY FARM 56	TEST DISTRICT

Date	Time In	Time out	Activity	Doses	Reason Session Curtailed	ICD-10
03/01/2023	12:36 PM	12:41 PM	Medication Administration	0	n/a	F81.9
Notes: Medication administration						
03/02/2023	12:36 PM	12:41 PM	Medication Administration	0	n/a	F81.9
Notes:						
03/03/2023	12:36 PM	12:41 PM	Medication Administration	0	n/a	F81.9

When exported to PDF – this report will show the electronic signature for all services that have been confirmed.

I certify that this information is accurate - all services are indicated on the child's IEP and/or health plan.	
Signature: Lisa Pelotte	Date: 03/31/2023
No physical signature required, DSCTop is Electronic Signature Approved.	

Print Date: 03/31/2023

Sample Statements for OHP in DSCtop

1. Need/functional performance (establishing medical necessity):

Angel has been diagnosed with asthma and has medical practitioner orders on file to receive one inhaler treatment as prescribed after morning recess and after lunch.

Goals/Outcomes:

Consistent inhaler treatments will assist to prevent emergencies and allow for Angel to remain in school.

2. Need/functional performance (establishing medical necessity):

Joseph has been diagnosed with spina bifida and it is necessary for him to come to the Nurse's Office for assistance to complete his toileting needs 4 times a day.

Goals/Outcomes:

Toileting assistance in the privacy of the Nurse's Office allows Joseph to maintain self-esteem as well as elimination management.

3. Need/functional performance (establishing medical necessity):

Ellen has been diagnosed with ADHD (ADD) and receives medication at school once a day.

Goals/Outcomes:

Medication administration will assist with positive behavior and with educational/academic progress.

4. Need/functional performance (establishing medical necessity):

Sally has been diagnosed with an anxiety disorder. Although she does not take medication for this at school, she does come to the nurse's office twice a day for anxiety reduction and calming techniques.

Goals/Outcomes:

These visits allow Sally to gather her emotions and enables her to return to the classroom to learn.

5. Need/functional performance (establishing medical necessity):

Anna has been diagnosed with Diabetes and comes to the Nurse's office four times a day for testing and medication. Anna is still too young to complete the management of the disease by herself, but we are working on a plan with her family and Dr. to increase her responsibilities in her self-care. Anna always has a Health Aide with her for safety monitoring.

Goals/Outcomes:

Medication and assistance with this chronic disease improves her educational access. It also allows for rapid, coordinated, and effective emergency response.

Daily Medication Example IEP

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Considerations Form (Form C)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

	<u>Considered Not Needed</u>	<u>Included</u>
For a student whose behavior impedes his/her learning, or that of others, positive behavior interventions, strategies, and supports have been considered.	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Language Needs in the Case of a Child with Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Provision of Instruction in Braille & User of Braille for a Visually Impaired Child	<input type="checkbox"/>	<input type="checkbox"/>
Statement of the Language of Needs, Opportunities for Direct Communication with Peers in the Child's Language and Communication Mode	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Communication Needs for a Child with a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Required Assistive Technology Devices and Services	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Health Concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Student will report to nurse daily to receive medication for ADHD.		
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Services and Environment (Form I)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

Special Education Services to Be Provided					
Special Education Program(s) Necessary to Meet Special Education Goals and Objectives during the school calendar year.					
** The child is in need of specially designed instruction in the following areas:					
Special Education Services	Instructional Setting / Location	Start Date	Total Minutes	Provider	Duration/End Date
Related Services					
Educationally Relevant Related Services Are Listed Below.					
Special Education Services	Instructional Setting / Location	Start Date	Total Minutes	Provider	Duration/End Date
Nursing	Health Office	9/28/2023	50 minutes per week	Nurse	9/27/2024
	Frequency and Duration: 10 minutes per day Student will report to nurse daily to receive medication for ADHD.				

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Medicaid Services / DSC (Form I-2)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

**** Nursing Services**
The student requires medication administration daily for the following health condition(s): Health condition requiring medication administration:....

Seizure Care Plan Example IEP

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Considerations Form (Form C)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

	<u>Considered Not Needed</u>	<u>Included</u>
For a student whose behavior impedes his/her learning, or that of others, positive behavior interventions, strategies, and supports have been considered.	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Language Needs in the Case of a Child with Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Provision of Instruction in Braille & User of Braille for a Visually Impaired Child	<input type="checkbox"/>	<input type="checkbox"/>
Statement of the Language of Needs, Opportunities for Direct Communication with Peers in the Child's Language and Communication Mode	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Communication Needs for a Child with a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Required Assistive Technology Devices and Services	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Health Concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing services provided for seizure control and emergency seizure medication.		
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Services and Environment (Form I)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

Special Education Services to Be Provided					
Special Education Program(s) Necessary to Meet Special Education Goals and Objectives during the school calendar year.					
** The child is in need of specially designed instruction in the following areas:					
Special Education Services	Instructional Setting / Location	Start Date	Total Minutes	Provider	Duration/ End Date
Related Services Educationally Relevant Related Services Are Listed Below.					
Special Education Services	Instructional Setting / Location	Start Date	Total Minutes	Provider	Duration/ End Date
Nursing	Health Office	9/28/2023	15 minutes per month	Nurse	9/27/2024
	Frequency and Duration: 15 minutes per month				
Nursing services provided for seizure control and emergency medication.					

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Medicaid Services / DSC (Form I-2)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

**** Nursing Services**

The student shall have access to nursing services that are related to their diagnosis/Special Education Eligibility for the following treatment(s): seizure control....

Diabetes Care Management Plan Example IEP

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Considerations Form (Form C)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

	<u>Considered Not Needed</u>	<u>Included</u>
For a student whose behavior impedes his/her learning, or that of others, positive behavior interventions, strategies, and supports have been considered.	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Language Needs in the Case of a Child with Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Provision of Instruction in Braille & User of Braille for a Visually Impaired Child	<input type="checkbox"/>	<input type="checkbox"/>
Statement of the Language of Needs, Opportunities for Direct Communication with Peers in the Child's Language and Communication Mode	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Communication Needs for a Child with a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Required Assistive Technology Devices and Services	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Health Concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing services provided for diabetes care/management.		
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Services and Environment (Form I)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

Special Education Services to Be Provided						
Special Education Program(s) Necessary to Meet Special Education Goals and Objectives during the school calendar year.						
** The child is in need of specially designed instruction in the following areas:						
Special Education Services	Instructional Setting / Location	Start Date	Total Minutes	Provider	Duration/ End Date	
Related Services						
Educationally Relevant Related Services Are Listed Below.						
Special Education Services	Instructional Setting / Location	Start Date	Total Minutes	Provider	Duration/ End Date	
Nursing	Health Office	9/28/2023	200 minutes per week	Nurse	9/27/2024	
	Frequency and Duration: 10 minutes 4 times per day					
	Nursing services provided for diabetes care/management.					

Chandler Unified School District Student Services

Individualized Education Program (IEP)

Student Name: Rocket, John
Student ID: RB10LR | State ID: 123456

Medicaid Services / DSC (Form I-2)

IEP Meeting Date: 9/28/2022
DOB: 10/30/2011

**** Nursing Services**

The student shall have access to nursing services that are related to their diagnosis/Special Education Eligibility for the following treatment(s): Other: Nursing services provided for diabetes care/management.

Example of Prior Written Notice

A prior written notice is sent to parents to advise them of the changes for nursing services.

Chandler Unified School District Student Services

Student Name: aaa.testing

Prior Written Notice

Student ID: 1111111
Notice Date: 5/3/2023

Date Prior Written Notice Given to Parents: 5/3/2023

Student: aaa.testing

Date of Birth:

School: Navarrete Elementary

Primary Home Language: English

Proposes to initiate or change the areas as described below.

Description of the action proposed:

The District is going to revise statements on the annual IEP to affirm services that the student is currently receiving.

Explanation of why the agency proposes to take this action:

The District is proposing this action only for the purpose of affirming that the IEP accurately reflects the services the student is currently receiving.

Description of any options the agency considered:

There is no additional evaluation procedure or assessment involved in this proposed action.

Reasons the above listed were rejected:

The District proposed this option only to affirm that IEP reflects services the student is currently receiving.

Description of each evaluation procedure, test, record, or report the agency used/will use as a basis for the proposed action:

The District proposed this option only to affirm that IEP reflects services the student is currently receiving.

Description of any other factors that are relevant to the agency's proposal or refusal:

The District only proposes to change or add statements to the IEP to reflect nursing services that the student is currently receiving.

Parents of a child with a disability have protection under the procedural safeguards.

A copy of a description of your procedural safeguards may be obtained by contacting the agency at Chandler Online Academy, Special Education Clerk, (480) 812-6350.

At a minimum, the provision of procedural safeguards is required for initial referral for evaluation and annually thereafter.

If you have questions or need assistance in understanding your procedural safeguards, you may contact the agency providing educational services to your child or contact one of the other agencies listed below:

Raising Special Kids / Parent Information Network 5025 E. Washington St. #204, Phoenix, AZ 85034 602.242.4366 or 1.800.237.3007 info@raisingpecialkids.org / http://raisingpecialkids.org	Arizona Dept. of Education/Exceptional Student Services 1535 W. Jefferson St. Phoenix, AZ 85007 602.364.4000 or 1.800.352.4558 www.azed.gov
Pilot Parents 2800 N. Wyatt Dr., Tucson, AZ 85712 520.324.3150 or 1.877.365.7220 ppsa@pilotparents.org	AZ Center for Disability Law Phoenix: 602.274.6287 (voice or TTY) or 1.800.927.2260 Tucson: 520.327.9547 www.acdl.com

Note: Special education records are held for five years after a student exits the school district. Public notice is provided prior to the shredding of special education documents.

Random Moments in Time

As a Medicaid provider you will be required to fill out random moment in time questions.

You will continue to receive an email from Public Consulting Group (azrmts@pcgus.com) containing the link to complete the survey, however, the new timelines for receiving the email and submitting the survey are outlined below.

- The email is sent to the participant the **day of their moment at any given time.**
- Participants have **2 school days to complete** their moment.

If you do not respond in a timely manner the Director of Health Services will be notified.

What is the Random Moment Time Study (RMTS)?

The RMTS is the federally accepted method of documenting the amount of staff time spent on direct service and administrative outreach activities.

What is the purpose of the RMTS?

The RMTS is a program requirement that helps schools receive federal reimbursement for time spent on allowable related activities.

What is my role in the RMTS?

Your role is to respond to all moments you have been selected for in a timely manner.

How did I get selected to complete an RMTS survey?

Your district's RMTS coordinator identified you as a person who performs activities related to Medicaid and health-related services as part of your job.

How long does it take to complete an RMTS survey?

The survey is five questions and can usually be completed in less than five minutes.

How should I respond to the RMTS survey questions?

- Provide truthful and thorough responses. There are no wrong answers but remember to answer completely and accurately. Do not include student names.
- The survey is asking about one minute in time. When answering your RMTS survey, provide specific information about that sixty-second period.

Tips for specific situations: IF YOU WERE...

In a meeting

Conducting an assessment

Discussing a student

On a prep period

Completing an IEP/OPOC

Working on an IEP/OPOC goal

Working on email

Driving to next location

Completing multiple tasks

At a conference/training/PD

TELL US...

What was the single topic of discussion at your assigned RMTS time?

What type of assessment were you conducting?

What was the single topic of discussion at your assigned RMTS time?

What were you preparing at the time of your moment?

What specific part of the IEP was being worked on at the time of your moment?

What specific goal was being worked on at the time of your moment?

What was the content of the specific email you were reading or writing?

What was the first task completed upon arriving at your next location?

What one specific task was being completed at the exact time of your moment?

What was the topic of discussion at the time of your moment?